



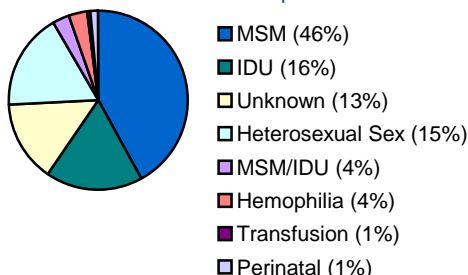
HIV/AIDS, STD & TB Prevention SOUTH DAKOTA

HIV/AIDS Epidemic

South Dakota reported 218 cumulative AIDS cases to CDC as of December 2003.

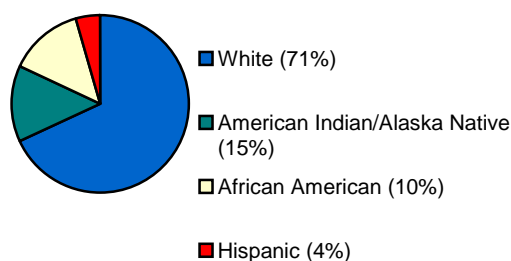
**Cumulative Reported HIV/AIDS Cases
by Mode of Exposure, through Jan.
2005**
N = 462

SOURCE: South Dakota Department of Health



**Cumulative Reported HIV/AIDS Cases
by Race/Ethnicity, through Jan. 2005**
N = 462

SOURCE: South Dakota Department of Health



Sexually Transmitted Diseases (STDs)

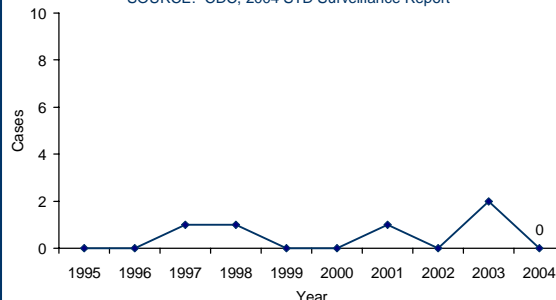
Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas. South Dakota was one of two states reporting no cases of P&S syphilis in 2004.

- South Dakota ranked 50th among the 50 states with 0 cases of P&S syphilis per 100,000 persons.
- There were also no cases of congenital syphilis reported from 1995 to 2004.

**P&S Syphilis Cases in South Dakota,
1995-2004**

SOURCE: CDC, 2004 STD Surveillance Report



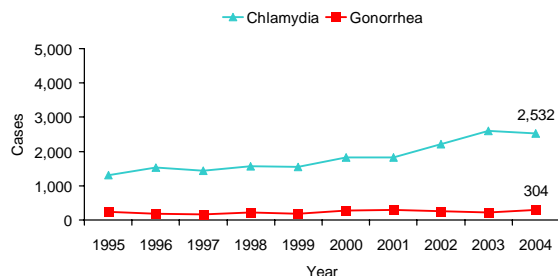
Chlamydia and Gonorrhea

Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain.

- South Dakota ranked 18th among the 50 states in the rate of chlamydial infections (331.3 per 100,000 persons) and 41st in the rate of gonorrhea infections (39.8 per 100,000 persons).
- Rates of chlamydia among South Dakota women (474.5 cases per 100,000 females) were 2.5 times greater than those among South Dakota men (186.4 cases per 100,000 males).

**Chlamydia and Gonorrhea Cases in South Dakota,
1995-2004**

SOURCE: CDC, 2004 STD Surveillance Report

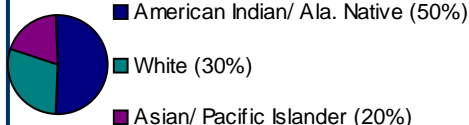


Tuberculosis

TB Cases by Race/Ethnicity, through 2003

N = 20

Source: CDC, 2003 TB Surveillance Report



Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, South Dakota reported

- The 32nd highest rate of TB in the U.S.
- A total of 20 TB cases with 50% affecting American Indian/ Alaska Natives and 30% affecting Whites. In all, about 20% were among foreign-born persons.

Program Initiatives Supported by CDC

Human Immunodeficiency Virus (HIV/AIDS)

The South Dakota Department of Health's HIV/AIDS Prevention and Control program prevents and controls HIV/AIDS by investigating sources of infection, providing treatment, and applying preventive measures to persons exposed to HIV. The Department's field offices provide confidential counseling and testing for HIV/AIDS. Additional services include educational materials, in-services and training to the public, schools and health care providers.

Sexually Transmitted Diseases (STDs)

The STD Program conducts outreach and educational activities targeting Native Americans on the Dakotas Cheyenne River Reservation. Native Americans comprise 8% of the state's population yet account for approximately 50% of the state's reported chlamydia and gonorrhea cases. The outreach and educational efforts target individuals incarcerated in the Tribal Jail, Juvenile Detention Center and individuals placed in Drug and Alcohol Treatment Center. Weekly educational presentations allow the opportunity to increase awareness of STD risk among the Native American population and to provide screening for STDs for those individuals who request a test. From January to June 2005, over 450 individuals have received these services.

National Center for HIV, STDs & TB Prevention Funding to South Dakota, 2005 (US\$)

HIV/AIDS	\$895,581
STDs	\$297,269
TB	\$235,740

Tuberculosis (TB)

The South Dakota Department of Health TB Control Program continues efforts to impact the TB burden in the state's Native American and foreign-born populations. These groups currently account for about 70% of the state's TB morbidity. The recent increase in TB cases has led to a significant increase in case and contact follow up activities for the Disease Intervention Specialists (DIS). Addition resources, including training for DIS and other TB staff, will be targeted towards accomplishing these related program goals. In addition, close working relationships with partners (IHS, foreign-born related CBO's, etc) throughout the state will be maintained.

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